Street HEALTH
Together We Can Make It Work

Failing the Homeless:

Barriers in the Ontario Disability Support Program for Homeless People with Disabilities

Dedication

This report is dedicated to the five study participants who died during this project for reasons related to their health conditions and disabilities. Three of these participants were still waiting for decisions on their ODSP applications when they passed away. Two participants had recently secured ODSP benefits, but their health and well-being had already deteriorated so significantly that the benefits came too late.

Research Team

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Other Acknowledgements

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About Street Health

Street Health Community Nursing Foundation conducted this study and created this report.

Street Health is an innovative, community-based health care organization providing services and advocating to address a wide range of physical, mental and emotional needs in those who are homeless, poor and socially marginalized in Toronto.

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Barriers in the Ontario Disability Support Program for Homeless People with Disabilities

SUMMARY REPORT:
HIGHLIGHTS AND RECOMMENDATIONS FOR ACTION

Ontario disability benefits are failing homeless people who have disabilities. The Ontario Disability Support Program (ODSP) is intended to assist low-income people with disabilities, but many disabled homeless people are unable to access this program.

Staff at Street Health, a community-based health care organization working with homeless people in downtown Toronto, realized that many of their clients had serious disabling conditions that prevented them from holding down jobs. Yet, although eligible, these clients were not receiving any ODSP benefits. The staff were spending a large part of their time trying to help individual clients obtain ODSP support. In an effort to address this problem, Street Health decided to conduct a research project to identify the barriers that were preventing eligible homeless people from accessing the ODSP, while at the same time helping study participants to secure the benefits they are entitled to.

This report describes the experiences of homeless people with disabilities who could not access the ODSP. It **identifies key barriers and delays** in the ODSP system and **makes a number of recommendations** to help ensure that homeless people with disabilities can access the ODSP benefits they are entitled to. It also highlights gaps in the overall disability benefits system. The project resulted in a range of important findings and concrete outcomes, but two stand out above all others:

- **100% of eligible participants <u>needed help</u> accessing ODSP benefits.**
- **100% of participants whose ODSP applications were successful were <u>able to secure housing</u>.**

About Participants

85 homeless people with disabilities living in Toronto participated in this study.

- 76% were male and 24% were female
- 61% were 41 years and over, 33% were aged 25-40, and 6% were 24 or younger
- 90% were born in Canada: 35% were born in Toronto, 29% in Ontario outside Toronto, and 26% in provinces outside Ontario (10% were born outside Canada)
- Participants had lived in Toronto for an average of 27 years

Homeless People Could Not Access the ODSP…

- 100% of study participants were eligible for the ODSP, but 0% were receiving benefits when they became involved in the study.
- 32% of participants had previously applied for ODSP benefits but had been denied them before taking part in the project.
- 68% of participants submitted their first complete application to the ODSP through this project. Many had attempted to apply in the past but had been unable to complete the process on their own.

… Despite Their Obvious Eligibility

- 96% had more than one serious health condition.
- 75% had a combination of physical and mental health disabilities.
- 38% had been diagnosed with severe mental health conditions such as schizophrenia.
- 82% suffered from other serious mental health conditions such as depression, bipolar disorder, or post-traumatic stress disorder.
- 87% of all participants had not been able to sustain work (for more than a month at a time) for 7 or more years.

Costs Associated with Decreased Access to the ODSP

Allowing people with disabilities to be poor and homeless leads to increased costs to individuals as well as to the health care and city shelter systems.
Homeless people have significantly poorer health and higher mortality rates than the general population[1]. A recent survey of homeless people in Toronto found that one-third of homeless people with serious health conditions did not have a stable source of health care[2]. Because homeless people are less likely to have a stable health care provider, they are more likely to use hospital emergency rooms and stay longer in hospitals for treatment. Each visit to a hospital emergency room costs at least $400 and an in-patient stay costs more than $1000 per day[3]. When homeless people use hospitals as their regular source of health care, there is more demand on the hospital system, leading to more overcrowding and longer waiting times for emergency rooms and hospital stays. It costs between $18,000 and $25,000 per year to keep a homeless person in the adult shelter system in Toronto[4], far more than the annual rent for an adequate apartment or the basic ODSP benefit for a single person (approximately $11,500 a year).

[1] Hwang SW. Homelessness and health. *Canadian Medical Association Journal* 2001; 164(2):229-233.; Frankish CJ, Hwang SW, Quantz D. Homelessness and health in Canada: research lessons and priorities. *Canadian Journal of Public Health* 2005; 96(Supplement 2):S23-S29.; Hwang SW. Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association* 2000; 283(16):2152-2157.
[2] Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available at www.streethealth.ca.
[3] Personal communication. June 2005. Emergency Room Nurse Manager, St. Michael's Hospital, Toronto.
[4] Personal communication. June 2005. Nurse Manager, Seaton House, Toronto.

The solutions are feasible and cost-effective.
The recommendations made in this report to increase access to ODSP benefits for homeless people with disabilities are not difficult or costly to implement. The set of recommendations related to the ODSP (see i-vii below) do not call for changes to the law. They simply involve adjustments to administrative guidelines and current practice within the ODSP system. These changes could be made at little or no cost to the ODSP and, in the long term, many could save money on program administration as they would lead to greater efficiency (e.g., by cutting down on the number of appeals for eligible applicants). The recommendation calling for a pilot project to assist homeless people with disabilities in accessing the ODSP (see vii below) also involves no legislative changes. The costs associated with such a pilot program would be reasonable, estimated at $120,000 per year (totaling $240,000 for a 2-year pilot project).

About ODSP Rates
The basic ODSP benefit for a single person is about $950 per month. ODSP benefits provide enough income for most people to maintain some form of stable housing. However, ODSP rates are far from adequate. ODSP rates need to be increased to reflect the real cost of living, to allow recipients to maintain adequate housing, eat well and cover other expenses. Many community advocates have called for substantial increases to ODSP benefits.

BARRIERS TO ACCESSING THE ODSP FOR HOMELESS PEOPLE

Barrier #1: Homeless people with disabilities cannot access ODSP application packages:

- 70% of project participants needed help getting applications due to the complexity of the process.

Barrier #2: Homeless people often do not possess the identification and financial documents required to apply for the ODSP:

- Many project participants needed assistance from project staff in order to obtain the required documents, leading to delays in submitting their applications.

Barrier #3: Homeless people with disabilities cannot get ODSP medical forms filled out accurately:

- Homeless people experience major barriers in accessing health care providers who are approved to fill out ODSP application forms. 66% of study participants did not have a family doctor when they enrolled in the project.
- Because ODSP forms do not encourage precise descriptions of applicants' disabilities, the majority of study participants had problems getting their forms filled out with enough detail to determine eligibility.

Barrier #4: Homeless people with disabilities cannot return their ODSP applications within 90 days:

- Barriers in the ODSP system, along with participants' disabilities, made it impossible for applicants to complete their applications within the 90-day time limit without significant help from project staff.

Barrier #5: Once applications were submitted to the ODSP, applicants experienced extensive delays and barriers to receiving benefits:

- The ODSP decision-making process involves about 17 different steps and 9 different people. Several project participants experienced delays because their application got lost or was held up during one of these decision-making steps. Project participants who were accepted on first review of their application **had to wait up to one year** from when they submitted their application until benefits were paid.
- Too many eligible applicants have had to appeal negative decisions. Despite substantial disabilities, only 42% of project participants had their applications accepted on first consideration. The other 58% of participants had their applications denied at first and therefore had to appeal the decision. Those with appeals **had to wait up to an additional year** for benefits.

Barrier #6: Homeless people with disabilities cannot navigate the overall ODSP application process without help. The system requires self-reliance where the individual applicant is responsible for all steps in the process:

- 100% of project participants needed help negotiating this process because their disabilities and other barriers made it impossible to follow through on their own.

With the right help, homeless people with disabilities can get the ODSP benefits they need and are entitled to:

- 93% of participants assisted by project staff eventually received ODSP benefits (7% continue to wait for a decision on their appeals at the time of this report).
- 100% of participants who accessed the ODSP acquired housing.
- 66% of participants who did not have family doctors when they were enrolled in the project were connected to stable health care providers.

Ruth's Story*

When Ruth enrolled in the project, she was homeless and did not have stable health care. Through the project she was connected to a family doctor, who helped her to explore her health issues and to access specialists and medical tests. As a result of this process, Ruth found out that she suffers from post-traumatic stress disorder (PTSD), and that this might be linked to her skin condition and other physical symptoms. With this diagnosis, Ruth was able to successfully apply for ODSP benefits. She now has a modest apartment and is getting treatment for her health issues.

**Name and identifying information changed to protect participant*

Summary of Recommendations
To Increase Access to the ODSP for Homeless People

i. That the Ontario Ministry of Community and Social Services increase accessibility to ODSP applications and the application process for homeless and vulnerable people (see Recommendation 1).

ii. That the Ontario Ministry of Community and Social Services eliminate barriers to proof of identity and income that prevent and delay homeless people's ODSP applications (see Recommendation 2).

iii. That the Ontario Ministry of Community and Social Services reduce homeless people's barriers to getting ODSP medical forms filled out accurately by:
- Minimizing barriers to accessing an approved health care provider (see Recommendation 3); and
- Minimizing barriers to accurate reporting in the ODSP medical forms (see Recommendation 4).

iv. That the Ontario Ministry of Community and Social Services eliminate the 90-day time limit for submitting completed ODSP applications (from the time application packages are received) (see Recommendation 5).

v. That the Ontario Ministry of Community and Social Services implement improvements to training, service and practice to increase the quality of service, coordination, and efficiency of the ODSP administration and decision-making processes (see Recommendations 6 and 7).

vi. That the *Disability Adjudication Unit* adjudicators, who decide on applicants' eligibility for the ODSP, accept the diagnoses and descriptions of qualified health care providers without requiring unnecessary additional specialist opinions and medical test results to determine eligibility (see Recommendation 8).

vii. That the Ontario Ministry of Community and Social Services and the City of Toronto provide funding for a 2-year pilot project for two Income Support Workers to work from community agencies to provide outreach and support to homeless people with disabilities to assist them in accessing ODSP benefits (see Recommendation 9).

GAPS IN THE OVERALL DISABILITY BENEFITS SYSTEM

All of the disability benefits programs available in Ontario (not only the ODSP) are failing people with disabilities and allowing them to become homeless:

- 76% of project participants worked and were housed for a major portion of their lives.
- Most had worked in low-paying and precarious jobs such as contract and seasonal work.
- Most of these participants had histories of episodic disability (various periods of work interrupted by illness) until a health crisis occurred which led to a permanent disability that left them unable to work.
- All of these participants had to rely on public income support programs because they did not have private disability insurance, enough savings or family support to survive.
- All project participants eventually became homeless because they could not secure an adequate income through the following public programs:

Failure of Employment Insurance (EI): EI Sickness Benefits are supposed to provide immediate short-term income for workers who have to stop working for health reasons. The vast majority of participants who worked (over 70%) were not able to access EI Sickness Benefits when they experienced a disabling health crisis because they did not work enough hours to qualify or because their employer did not register with EI and make the appropriate deductions from their pay.

Failure of Workers Safety and Insurance Board (WSIB): WSIB benefits, also known as worker's compensation, provide short- and long-term benefits for workers who have an injury or disease related to their work. Workplace injuries played a role in becoming disabled for 57% of participants who worked and 46% had received worker's compensation benefits at some time. None of them were able to maintain ongoing benefits.

Failure of Canada Pension Plan (CPP) Retirement and Disability Pensions: The CPP Disability (CPPD) pension is a long-term disability benefit available to disabled workers who paid into CPP while they were working. To calculate regular CPP retirement benefits, a worker's contributions are divided by the number of years they worked. If a person stops working before retirement age because of a disability, the years they were not working will still be counted against their pension, leading to lower retirement benefits, unless they qualify for CPPD. No study participants had qualified for CPPD when they were enrolled in the project primarily because they did not know about CPPD. Project staff made CPPD applications for all participants who had paid into CPP while they were working, but only 30% are expected to receive any retirement benefits. Most participants were not eligible because they had not worked the required number of years prior to becoming disabled. Others had already turned 65, making it too late to apply.

Failure of Ontario Works (OW): All of the participants who could not access short- and long-term disability benefits when they became disabled had to turn to the only other public income support that was immediately available to them—welfare. OW benefits were so low that they did not provide enough money to enable these individuals to keep their housing.

Summary of Recommendations
To Provide a Seamless Disability Benefits System

viii. That the appropriate departments and ministries at the federal and provincial levels collaborate and establish a seamless disability support system across Canada that provides disabled people with a sufficient income from the moment they have a health crisis, throughout their adult life, and in retirement age (see Recommendation 10).

ix. That the Ministry of Community and Social Services raise Ontario Works rates by 40% to ensure that low-income working people in Ontario can receive adequate income support immediately when they have a health crisis (see Recommendation 11).

IT'S TIME FOR A CHANGE

Significant barriers and gaps in the existing systems need to be addressed.
The experiences of homeless people with disabilities in this study highlight the huge gaps and barriers that currently exist in the public disability support system. There is an urgent need to address these barriers and gaps. If nothing is done, homelessness will continue to increase as people with disabilities live in extreme poverty and are forced to live, and possibly die, on the street.

Implementing the recommendations in this report will lead to enormous benefits for homeless and vulnerable people with disabilities, as well as for the health care and city shelter systems.
Income from the ODSP and other disability benefits will allow disabled homeless people to secure and maintain adequate housing, thus leading to improved health and well-being. With access to housing and more stable health care, homeless people will have fewer occasions to use hospital emergency rooms and other hospital departments. This will lead to less strain on the health care system and result in substantial financial savings to government and taxpayers. Decreased homelessness will mean fewer homeless people living on the streets and in shelters. The Toronto shelter system will save between $18,000 and $25,000 a year for each homeless person who secures housing.

The Income Support Worker pilot project is needed immediately.
Homeless people with disabilities need help getting disability benefits immediately. Establishing a pilot project to provide accessible and holistic assistance to obtaining ODSP benefits would dramatically increase access in the short-term.

1. INTRODUCTION

Street Health is a community-based health care organization working with homeless people in downtown Toronto. Many of the homeless clients we work with are people with disabilities who qualify for assistance from the Ontario Disability Support Program (ODSP). The ODSP is intended to provide long-term income support to disabled people in Ontario who are low-income or poor and thus financially unable to support themselves. The disabled category includes people who are born with disabilities, those who become disabled later in life, and those who suffer from chronic disabling medical conditions.

Since the ODSP system was introduced in 1997, a number of Street Health staff realized that many of our clients with disabilities were experiencing difficulties in successfully applying for and accessing ODSP benefits. The staff were spending a large part of their time trying to help individual clients obtain ODSP support. In an effort to address this problem, Street Health decided to conduct a research project to identify the barriers that were preventing eligible homeless people from accessing the ODSP, while at the same time helping study participants to secure the benefits they are entitled to. The study was conducted over an 18-month period from August 2004 to January 2006[5].

This report summarizes the results of the study and makes a set of clear recommendations for ensuring that Ontario's disabled homeless people can access the ODSP benefits they are entitled to. It also highlights gaps in the overall disability benefits system.

Section 2 provides background to the study, reviewing some key facts about homelessness in Toronto and Ontario and outlining some key costs associated with limited access to ODSP benefits. Section 3 explains the methods used and profiles the participants involved in the study. Section 4 provides background on the ODSP, describing the ODSP program and application process. Section 5 identifies key barriers and delays in the ODSP system that prevent homeless people in Toronto from accessing ODSP benefits. In Section 6, positive concrete outcomes of the study's action research approach are presented. Gaps in the overall public disability support and welfare system are revealed in Section 7. In Section 8, a set of clear recommendations is made to help ensure that homeless people with disabilities can access the ODSP benefits they are eligible for and that the overall system can be improved. Section 9 comprises the concluding section.

2. BACKGROUND ON HOMELESSNESS AND DISABILITY

2.1 Some Key Facts About Homelessness and Disability in Toronto and Ontario

Homelessness is a growing social problem that affects a large number of people in Toronto. Although the exact number of homeless people in Toronto is unknown, 4,200 individuals sleep in homeless shelters on any given night and almost 32,000 people used a homeless shelter in 2002[6]. Homelessness is also an important and growing issue in communities across Ontario.

[5] This study was funded by an Advanced Urban Health Research Grant from the Wellesley Institute.

[6] City of Toronto. 2003. *The Toronto Report Card on Homelessness and Housing 2003*. City of Toronto: Toronto, ON.

For example, in Ottawa the number of people using a shelter grew by 2% between 2004 and 2005, from 8,664 to 8,853[7].

More than 1 in 2 homeless people have serious health conditions.
Homeless people are more likely to have chronic and multiple health issues[8] and are more likely to die prematurely than the average person[9]. In a recent survey of 360 homeless people in Toronto, 55% reported having at least one serious physical health condition, not including mental health conditions and addictions. Sixty-three percent (63%) of those with serious health conditions had more than one[10].

Half of homeless people with disabilities live on less than $10 per day.
The same survey of homeless people in Toronto found that the median monthly income of people with serious physical health conditions was $300.00, which means that half are living on less than $10 per day[11].

2.2 Costs Associated with Decreased Access to the ODSP

Allowing people with disabilities to be poor and homeless leads to increased costs to individuals.
Homeless people have significantly poorer health and higher mortality rates than the general population. When people live on the street, in a homeless shelter, and in poverty, their health conditions and disabilities become worse. Being homeless makes it difficult to access health care. Homeless people have difficulty accessing health care because they do no have a permanent address or phone number, they do not have money to get to appointments, and they experience discrimination when trying to access care. Because homeless people are less likely to have a stable health care provider, they are more likely to seek health care at hospital emergency rooms. A recent survey of homeless people in Toronto found that one third of homeless people with serious health conditions did not have a stable source of health care, or used an emergency department as their usual source of care[12].

Homeless people also have difficulties treating their disabilities and health conditions. They often cannot afford prescriptions, vitamins, and supplies to treat their conditions, and it is difficult to follow advice such as “get lots of rest” or “eat healthy food” when living on the street and in shelters and eating at soup kitchens. Most participants in the present study found that their health and disabilities became worse after they lost their housing, and many (66%) lost their

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[7] Alliance to End Homelessness. 2006. *Experiencing Homelessness: Second Report Card on Homelessness in Ottawa (Jan-Dec 2005).* Alliance to End Homelessness: Ottawa, ON.
[8] Hwang SW. Homelessness and health. *Canadian Medical Association Journal* 2001; 164(2):229-233.; Frankish CJ, Hwang SW, Quantz D. Homelessness and health in Canada: research lessons and priorities. *Canadian Journal of Public Health* 2005; 96(Supplement 2):S23-S29.
[9] Hwang SW. Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association* 2000; 283(16):2152-2157.;
Cheung AM, Hwang SW. Risk of death among homeless women: a cohort study and review of the literature. *Canadian Medical Association Journal* 2004; 170(8):1243-1247.;
Roy E, Boivin JF, Haley N, Lemire N. Mortality among street youth. *Lancet* 1998; 352:32.
[10] Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available: www.streethealth.ca.
[11] Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available: www.streethealth.ca.
[12] Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available: www.streethealth.ca.

access to a regular health care provider. Five participants died during their involvement in this study for reasons related to their health conditions and disabilities.

Allowing people with disabilities to become homeless costs the health care and city shelter systems enormously.
Homeless people are more likely to use hospital emergency rooms and stay longer in hospitals for treatment because they do not have access to stable health care. Each visit to a hospital emergency room costs at least $400, and an in-patient stay costs more than $1000 a day[13]. When homeless people use hospitals for their regular source of health care, there is more demand on the hospital system, leading to more overcrowding and longer waiting times for emergency rooms and hospital stays. Although little information is available on homeless people's hospital use in Toronto, a study of homeless people's hospital admissions in New York City found that homeless people stayed in hospital significantly longer (4.1 days or 36% longer), costing the health care system significantly more (an average of $2,414 per patient) than other patients[14].

It costs between $18,000 and $25,000 a year to keep a homeless person in the adult shelter system in Toronto[15], far more than the annual rent for an adequate apartment or the basic ODSP benefit for a single person (approximately $11,500 a year).

It is an affront to Canadian values and identity to allow people with disabilities to be homeless.
If we let people with disabilities become homeless, we will see more homeless people on the street, including many people with disabilities. This challenges our values and view of ourselves as an equitable society that protects the most vulnerable people. Supporting the most vulnerable in our society is an important Canadian value. Canadian public opinion shows a strong commitment to social equity values and a great concern about growing inequities[16].

3. STUDY METHODS AND PARTICIPANTS

3.1 Study Methods

Eighty-five (85) homeless people with disabilities living in Toronto participated in this study. All participants were clients at either Street Health or Parkdale Activity and Recreation Centre (PARC), another community organization working with homeless and underhoused people in Toronto. Project staff conducted several one on one interviews with each participant to learn about their personal histories of disability, employment, housing, and attempts to access disability benefits, as well as their current needs. Additional background research was conducted to confirm details about participants' histories of health, employment, and disability benefits.

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[13] Personal communication. June 2005. Emergency Room Nurse Manager, St. Michael's Hospital, Toronto.
[14] Salit SA *et al*. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine* 1998; 338(24): 1734-1740.
[15] Personal communication. June 2005. Nurse Manager, Seaton House, Toronto.
[16] MacKinnon, MP *et al.* 2003. *Citizens' Dialogue on Canada's Future: A 21st Century Social Contract*. Canadian Policy Research Networks: Ottawa, ON.;
Mendelsohn, M. 2002. *Canada's Social Contract: Evidence from Public Opinion*. Canadian Policy Research Networks: Ottawa, ON.

Project staff also assisted participants with new disability benefits applications and appeals, as well as other requirements for the benefits application process (e.g., accessing health care and identification documents). Study findings and recommendations were drawn from interviews with participants and background research on participants' histories, as well as from project staff's experiences assisting participants with benefits applications and appeals during the course of the study.

3.2 About Study Participants

More than three quarters of project participants (76%) had worked and were housed for a major portion of their lives. When they became unable to work due to a disability, they had to turn to public income support programs to survive (see Section 7 below). They eventually became homeless because they could not secure enough income through public programs to keep their housing.

Participants' general profile

- 76% were male and 24% were female
- 61% were 41 years and over, 33% were aged 25-40 and 6% were 24 or younger
- 90% were born in Canada: 35% were born in Toronto, 29% in Ontario outside Toronto, and 26% in provinces outside Ontario (10% were born outside Canada)
- Participants had lived in Toronto for an average of 27 years
- 68% had at least some high school education and 17% had some post-secondary education

Participants' health status and disability

- 96% had more than one serious health condition
- 75% had a combination of physical and mental health disabilities
- 91% had physical health disabilities
- 38% had been diagnosed with severe mental health conditions such as schizophrenia
- 82% suffered from mental health conditions such as depression, bipolar disorder, or post-traumatic stress disorder
- 50% reported suicidal thoughts and 20% reported at least one attempted suicide
- 20% reported experiencing child abuse, sexual abuse, and/or involvement with the Children's Aid Society
- 68% reported that they had been a victim of violence at some point
- 87% of all participants had not been able to sustain work (for more than a month at a time) for 7 or more years

Participants and the ODSP

One hundred percent (100%) of study participants were clearly eligible for the ODSP. They had extremely low incomes and little or no assets. All had serious health conditions, and the vast majority (96%) had more than one disability. But at the time that they became involved in the study, 0% of participants had ODSP benefits. Thirty-two percent (32%) had previously applied for the ODSP but had been denied. Sixty-eight percent (68%) of participants submitted their first complete application to the ODSP through this project. Many had attempted to apply in the past but had been unable to successfully complete the process on their own. Many participants had received benefits under the *Family Benefits* system, but lost their benefits when

the ODSP was created to replace Family Benefits in 1997. However, none of these participants were receiving ODSP benefits when they enrolled in this project.

4. BACKGROUND ON THE ONTARIO DISABILITY SUPPORT PROGRAM

The Ontario Disability Support Program (ODSP) is part of the wider public disability support and welfare system in Ontario (see Section 7 below). The ODSP is a provincial government program that offers long-term disability benefits to people in Ontario who have little or no other way to support themselves. The ODSP offers employment support to help disabled people work and income support to people with substantial disabilities who have low incomes and few or no savings. To qualify for ODSP income support, applicants must be residents of Ontario and must have disabilities that make it difficult or impossible to care for themselves, function in the community, or work. They must have little or no other source of income, and cannot own assets worth more than $5000. The basic benefit for a single person is approximately $950 per month.

About ODSP Rates
The basic ODSP benefit for a single person (about $950 per month) provides enough income for most people to maintain some form of stable housing. However, ODSP rates are far from adequate. ODSP rates need to be increased to reflect the real cost of living, to allow recipients to maintain adequate housing, eat well and cover other expenses. Many community advocates have called for substantial increases to ODSP benefits.

4.1 The ODSP Application Process

Applying for the ODSP involves two main steps:
- An applicant must first be screened to determine if she/he meets the financial eligibility requirements of the ODSP.
- If an applicant qualifies financially, she/he is given an ODSP application package that must be completed to assess if she/he is medically eligible.

The initial financial screening step can happen two different ways:
- Through an Ontario Works (OW) office for people already receiving welfare (see Section 7)
- Directly through the ODSP

Financial Screening through Ontario Works (OW)
If a person is already getting welfare from Ontario Works (OW), she/he must complete the financial screening through their local OW office. If an applicant is not already getting OW, but needs immediate support because she/he has no income, the applicant first has to apply for welfare from OW to secure some income during the ODSP application process. The OW application process involves at least two steps: a telephone interview that takes at least an hour and a half and an in-person verification interview at the OW office.

Once a person is receiving OW, she/he can tell her/his OW caseworker that she/he wants to apply for the ODSP. An OW worker might also suggest that she/he may want to apply for the ODSP. The OW worker then checks whether the applicant is financially eligible for the ODSP. If the applicant passes the financial screening, she/he is given an ODSP application package.

Financial Screening through ODSP

If an applicant is not getting OW, she/he goes through the financial screening step at a local ODSP office. First, the applicant calls a general information line and listens to a 7-minute recorded message instructing her/him to gather information and documents, and to call an ODSP intake worker. The applicant then calls another number and a receptionist transfers her/him to an intake worker's voicemail, where she/he listens to a 4-minute recorded message and then is instructed to leave a message with her/his name, Social Insurance Number, and a telephone number where she/he can be reached. The ODSP intake worker calls back the applicant to arrange a meeting, instructing the applicant to gather several identification and financial documents for the meeting. The applicant then meets the ODSP worker at the local office, and the worker conducts the financial screening.

Electronic Referrals

Once an applicant passes the financial screening, the OW or ODSP worker makes an "electronic referral" which tells the ODSP central decision-making office that the applicant has received an application. From this moment the applicant has 90 days to complete the application package and deliver it back to the ODSP.

Completing the Application Package

The application consists mainly of medical forms that must be completed by a qualified health care provider. It also contains an optional *Self Report* form, where an applicant can describe her/his work and education history, and the impact of her/his disability. The applicant must now see her/his health care provider to get the forms completed, and she/he may choose to fill out the *Self Report*. When the forms are complete, the applicant or her/his health care provider sends the application package to the central ODSP decision-making office by mail.

5. BARRIERS TO ODSP ACCESS FOR HOMELESS PEOPLE

Community advocates working to improve the ODSP have highlighted how ODSP benefits are difficult to access for people with disabilities and have identified many barriers in the system[17]. Community-based agencies working with homeless people across Toronto recognize that there are many homeless people with disabilities who are not receiving ODSP support because it is so difficult for the homeless to access. In a recent survey of homeless people in Toronto

[17] Specifically, the Income Security Advocacy Centre extensively examined the ODSP system and published a detailed report in 2002 called *Denial by Design*, which outlined many barriers in the system, as did the Community University Research Alliance on Mental Health and Housing in its 2006 report entitled *Pathway to Progress*. The ODSP Action Coalition and the Toronto ODSP Roundtable are local advocacy groups who have worked extensively to identify problems in the existing ODSP system. Extensive delays in the ODSP decision-making process have been criticized by a class action lawsuit launched by lawyer Sarah Shartal, as well as a May 2006 report by the Ontario Ombudsman called *Losing the Waiting Game*. Barriers in the ODSP system have also been identified by the Modernizing Income Security for Working-Age Adults (MISWAA) Task Force as part of a broader analysis of income security issues.

(mentioned above), only 20% of those with serious health conditions had received ODSP benefits[18].

What are the barriers? As described in Section 4 above, the ODSP application process involves many steps. As has been well documented by many community advocates, the process is complex and difficult to navigate. This section describes barriers to accessing the ODSP for participants in Street Health's study. While other community advocates working to improve ODSP have previously identified some of these barriers, the findings in this report are grounded in the experiences of a large group of homeless people, and are of particular relevance to homeless people with disabilities in Toronto.

5.1 Barriers to Accessing ODSP Application Packages

Homeless people with disabilities cannot access ODSP application packages.
Participants in this study experienced major difficulties when trying to pass the financial screening and obtain an ODSP application package. Seventy percent (70%) of participants could not access an ODSP application without help from project staff.

Eighty-five percent (85%) of those who called the ODSP directly for an application could not successfully reach an intake worker using the ODSP telephone system. For these participants, cognitive, mental health, and hearing disabilities made it impossible to understand and follow the telephone instructions, and 70% of all participants did not have a telephone they could use regularly or a phone number where they could receive calls or messages.

For participants who tried to get an application through their Ontario Works (OW) caseworker, cognitive and mental health challenges, as well as power differences between OW workers and recipients, made it difficult to get an application. Several participants reported OW workers asking them to explain why they thought they should receive ODSP benefits. Several other participants could not articulate to their worker that they were disabled while many found it too intimidating to ask if they could apply.

> The experiences of project participants indicate a clear need to make it easier to access ODSP applications (see Recommendation 1).

5.2 Barriers in the ODSP's Proof of Identity and Income Requirements

The identification and financial documents required to apply for ODSP benefits are not appropriate to the realities of homeless people.
Several pieces of identification and financial documents are required at different stages of the ODSP application process. These documents are required to prove identity and financial eligibility for ODSP benefits. The extensive documentation required created significant barriers for project participants.

Lack of identification and financial documents is an important issue faced by many homeless people, and is widely recognized by community organizations and government agencies as a

[18] Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available: www.streethealth.ca.

major barrier. Living on the street, in shelters, and in other precarious housing situations, homeless people often lose their documents or have them stolen. Trying to replace documents is very difficult for homeless people because they lack a permanent address and they lack the documents to verify their identity. Many project participants also had difficulty securing and maintaining their documents because mental health, cognitive and memory challenges prevented them from providing the information needed to replace documents.

Many project participants did not have the identification and financial documents they needed to meet the requirements of the financial eligibility screening and application process. These participants needed assistance from project staff to apply for and obtain the required documents and had to delay their applications while securing these documents.

> The experiences of project participants show that the identification and financial documents required by ODSP need to be more appropriate to the realities of homeless people (see Recommendation 2).

5.3 Barriers to Accurately Completing the ODSP Medical Forms

Homeless people have difficulty getting the ODSP medical forms filled out accurately by health care providers.
ODSP medical forms require a health care provider to describe in detail an applicant's medical conditions and ability to function on a daily basis. The description in these medical forms is what the ODSP mainly uses to decide if a person is eligible for ODSP benefits. Only certain approved health care providers can fill out these forms. Study participants had great difficulty getting their ODSP medical forms filled out accurately.

Homeless people face major barriers to accessing health care providers.
Lack of access to health care is a well-documented problem for homeless people in Toronto. Sixty-six percent (66%) of study participants did not have a family doctor when they enrolled in the project and needed project staff to help them find a health care provider who could fill out the medical forms. All of these participants had their medical forms filled out by health care providers who did not know their histories of health, well-being, and daily functioning. Yet many of these participants had social workers and nurses in the community who knew their histories and challenges extensively but were not approved by the ODSP to fill out the forms.

ODSP medical forms do not encourage accurate descriptions of applicants' disabilities.
In addition to difficulties finding appropriate health care providers to fill out medical forms, many participants encountered barriers related to how the forms are written. Several participants' disabilities were under-reported and/or reported inaccurately because the ODSP medical forms do not ask questions in a way that encouraged health care providers to describe them in enough detail to determine eligibility.

One section of the medical form asks for information on the diagnosis and treatment of an applicant's major medical condition(s). The form assumes that a person with a disability must suffer from one or a few major health conditions. However, some study participants were disabled due to a debilitating combination of many health conditions that might be considered "minor" on their own. The medical forms did not encourage doctors to explain that applicants had several health conditions that interacted with one another to cause disablement. Instead

many participants' doctors only described the applicant's most obvious health condition, leading to under-reporting of the severity of several participants' disabilities.

The ODSP medical forms focus on the diagnosis of an applicant's medical conditions. The forms do not clearly ask health care providers to comment on an applicant's ability to sustain employment. Yet the ability to work is an important factor used in deciding on an applicant's eligibility. Instead of directly asking about ability to sustain work, ODSP decision-makers focus on applicants' medical diagnoses and whether they have a substantial disability. Many project participants faced major barriers to accessing benefits because of this focus on a medical diagnosis.

Sixty-five percent (65%) of project participants could not get a clear diagnosis for their chronic health conditions when they first got their medical forms filled out. In some cases participants could not get a diagnosis because they were not able to clearly explain their symptoms and disabilities to their health care providers. In other cases there was no clear label for the symptoms they were experiencing, despite the severity and chronic nature of the symptoms. The focus of the ODSP medical forms on medical diagnoses led to inaccurate reporting of disabilities for all of these participants. The need for a diagnosis also caused some participants with mental health conditions such as depression and post-traumatic stress disorder to have to remember and relive traumatic past experiences.

For example, several participants with post-traumatic stress disorder due to childhood sexual abuse were called upon to remember and recount painful past experiences, often undergoing more than one assessment, in order to get the diagnosis required by ODSP.

The medical forms do not encourage health care providers to describe an applicant's symptoms in detail. Yet for some health conditions, the ODSP is less likely to accept that a person's disability is substantial without a detailed description of her/his symptoms.

For example, one project participant was diagnosed with fibromyalgia. The doctor filling out the participant's form reported fibromyalgia as a principal condition, and assumed that the ODSP would understand that this was a substantial disability. However, the ODSP initially denied the claim, and only accepted it after the doctor provided additional information about the participant's symptoms, such as severe pain and trouble sleeping.

The medical forms led health care providers to inaccurately report many participants' ability to function intellectually, emotionally, and in daily life activities needed for personal care and survival. Health care providers are only given check-boxes to rank an applicant's intellectual and emotional wellness. To describe a person's ability to perform daily life activities, the form provides check-boxes and one additional page to write in a further description, which the health care provider is not encouraged to fill out but can choose to do so if she/he thinks it is important. By not encouraging health care providers to describe an applicant's ability to function in their own words, these forms led health care providers to under-report the challenges many participants face in functioning on a daily basis.

The forms also led to inaccurate reporting for many participants because they assume that an applicant always functions at the same level, and do not provide space to explain how a

person's well-being and ability to function fluctuates from day to day. Yet the reality for most project participants was that they had good days where they could function well in many parts of their lives, and bad days where they were unable to do many basic tasks. As the medical forms did not encourage health care providers to accurately report a person's ability to sustain activities and function over time, providers tended to report on participants' best case scenarios, so that the forms made it appear that participants could function much better on a sustained basis than they could in reality.

All of the barriers in the medical forms described above led many participants' health care providers to inaccurately report participants' disabilities. Participants needed project staff to work with health care providers to provide additional information, accurate descriptions, and to help explore possible diagnoses. Due to the way the forms are written, it was not apparent to many health care providers that this additional information and detail was often needed.

The difficulties project participants faced in getting medical forms filled out accurately point to the need to:

- Minimize barriers to accessing an approved health care provider (see Recommendation 3); and
- Minimize barriers to accurate reporting in the ODSP medical forms (see Recommendation 4).

5.4 Barriers in the ODSP's 90-Day Time Limit

Homeless people cannot return their ODSP applications within the 90-day deadline. When an ODSP applicant completes the financial eligibility screening and receives an application, she/he has 90 days to return the completed package. While extensions are possible, most participants in the project were not aware of this and many were not capable of getting an extension themselves. All the barriers participants faced in getting the ODSP medical forms completed accurately (described above) made it difficult to return the package within 90 days. In addition, several participants' mental health and cognitive disabilities made it difficult or impossible to follow through with all the steps needed to complete their application in time. All participants needed help from project staff to meet the deadline. Even with staff support, several participants could not return their applications in time, and needed project staff to request extensions.

The difficulties participants had meeting the 90-day time limit point to the need to eliminate this barrier (see Recommendation 5).

5.5 Delays and Barriers in the ODSP Administrative and Decision-making Process

Applicants experience extensive delays and barriers to getting benefits once they submit their applications to the ODSP. Participants who needed benefits immediately waited (and are continuing to wait) for up to two years for benefits.
Once an applicant completes the ODSP application, she/he sends it to the *Disability Adjudication Unit*, a central office that decides whether ODSP applicants from across Ontario are eligible for benefits. Project participants encountered many barriers and delays while waiting for a decision to be made about their applications. Based on the ODSP's published guidelines, the decision-making process involves about 17 different steps and 9 different people. Several project participants experienced delays because their application got lost or held up in one of these decision-making steps. As there is no one individual at the ODSP assigned to track each application, project participants whose applications were delayed had difficulty learning about delays and ensuring that the application moved forward through the decision-making process.

At the time of writing this report, the ODSP takes up to 10 months to begin decision-making on a completed application package once it is received. After opening the application, it can take another two to three months to go through the decision-making process, be accepted and for benefits to be paid, assuming the application is not lost or held up at any stage in this process. Project participants who were accepted on first review of their application had to wait up to one year from when they submitted their application until benefits were paid. As the appeal process can take up to one year once an application is denied, participants who had to appeal applications that were initially denied had to wait up to two years to access benefits.

58% of participants had to appeal negative decisions when their applications were denied on first review.
Although all project participants had substantial disabilities, only 42% of project participants had their applications accepted on first consideration. The other 58% of participants had their applications denied at first, and had to appeal the decision. ODSP decision-makers initially denied the applications of those participants because they did not accept the diagnoses and descriptions of disabilities reported by their family doctors. Similar low acceptance rates are reported in *Denial by Design*, where the Income Security Advocacy Centre reports that 50% of applicants who submitted applications between 1998 and 2002 were refused on first consideration[19].

For all participants who were initially denied, project staff worked with participants and their health care providers to provide more medical documentation, specifically reports from medical specialists and medical test results.

For example, one participant whose claim was initially denied was diagnosed with Hepatitis A and Hepatitis C by her family doctor. On appeal her doctor provided original blood tests showing that she had these conditions, and then her claim was accepted.

Several other participants were diagnosed with depression by their family doctors, but had to see psychiatrists and submit psychiatrists' reports on appeal to have their claim accepted.

[19] Income Security Advocacy Centre. 2003. Citing Ministry of Community and Social Services, ODSP Branch, 2002. In *Denial By Design: The Ontario Disability Support Program*. ISAC: Toronto, ON.

For most participants, providing this additional information led to their application being accepted on appeal. At the time of writing this report, 43 of the 49 participants (88%) who had to appeal their applications were accepted on appeal. The other 6 participants continue to wait for a decision.

All of the project participants who had to appeal their applications had submitted complete first applications where qualified health care providers reported that they had substantial disabilities. However, ODSP decision-makers would not accept these reports and eligible applicants had to go through the appeal process, creating many unnecessary barriers. As outlined earlier, homeless people already face major barriers to accessing health care—66% of participants did not even have a regular family doctor before enrolling in this project. Specialists can be difficult to access for anyone, and long waiting times to get an appointment are often experienced. The ODSP does not help applicants to access specialists. Requiring medical specialists' reports posed a major barrier and most participants needed the support of project staff to get them. Several participants with appeals had to testify before the *Social Benefits Tribunal*, a panel of decision-makers, where some were forced to recount painful past experiences and events (such as childhood abuse) to help prove that they had a disabling mental health condition.

Requiring eligible applicants to appeal negative decisions leads to significant costs.
Having denied applicants visit medical specialists and undergo additional tests puts unnecessary strain on the health care system, increasing health care costs and wait times. Costs to the ODSP administration are also significant, as the appeal process requires additional ODSP resources and staff time, leading to lower efficiency and a growing backlog.

The long waits for benefits experienced by project participants had serious negative impacts on their health and well-being.
Several participants were evicted from their housing while waiting for benefits, and the health of many participants got worse as they continued to live in extreme poverty.

Five participants died during this project for reasons related to their health conditions and disabilities. Three of these participants were still waiting for decisions on their ODSP applications when they passed away. Two participants had recently secured ODSP benefits, but their health and well-being had already deteriorated so significantly that the benefits came too late.

The delays experienced by project participants point to the need to improve the administrative and decision-making process to increase quality of service, coordination and efficiency to ensure that applications are processed and benefits paid in a timely way (see Recommendations 6 and 7). Also highlighted is the importance of respecting the medical opinions of qualified professionals (see Recommendation 8).

5.6 Barriers in the Overall ODSP Application Process

Homeless people cannot navigate the overall ODSP application process without help. ODSP applicants must go through many steps and processes to apply for ODSP and eventually receive benefits. In the existing system, individual applicants are responsible for ensuring that their applications are completed properly, with little or no support from ODSP offices. All 85 project participants have substantial disabilities and are extremely poor, yet 100% were not receiving ODSP benefits when they enrolled in the project. All participants needed the assistance of project staff to navigate the application process and access benefits. The barriers discussed above combined with the ODSP's model of self-reliance, where the individual applicant is responsible for trying to secure benefits, made it impossible for participants to access ODSP benefits without help.

The self-reliance model does not accommodate the many barriers and challenges that homeless participants faced. Several project participants found that their hearing, language, literacy, and communication challenges were not accommodated by the ODSP system. Mental health, cognitive, and hearing disabilities made it impossible for many participants to clearly express themselves and to follow through with the tasks needed to complete the application. Some participants were too afraid to ask for an application or to find a doctor and attend a medical appointment. Others could not clearly explain how they were disabled to their health care provider. Many had memory challenges and became disoriented, and were unable to make sure all of the steps needed to apply were completed. Inability to follow through on tasks is a common problem for people with cognitive and mental health disabilities, yet the ODSP considers incomplete applications to be "abandoned." Rather than follow up with applicants to fill in missing pieces, the ODSP instead dismisses incomplete applications without considering them.

The difficulties created by the self-reliance model are not unique to the participants in this project, and have been documented in other studies on the ODSP. For example, in *Denial by Design* the Income Security Advocacy Centre reports that in the 2000-2001 fiscal year, 40% of people who got ODSP application packages did not manage to submit completed applications to the ODSP. When you consider those who did not manage to apply and that 50% of applicants who did submit applications were refused, the "effective" denial rate becomes 65%[20].

Many project participants also experienced an overall lack of dignity in the application process. Participants found it painful to repeatedly explain disabilities and traumatic past experiences to prove their eligibility. Many participants talked about how they were not treated with respect or kindness when dealing with the ODSP, and several felt that they had been treated as though were trying to cheat the system. Many community advocates have pointed out how dignity is lacking in trying to access ODSP benefits that applicants are entitled to receive.

> The major challenges participants faced navigating the ODSP application process indicate an urgent need to provide accessible and holistic assistance to homeless and vulnerable people (see Recommendation 9).

[20] Income Security Advocacy Centre. 2003. Citing Ministry of Community and Social Services, ODSP Branch, 2002. In *Denial By Design: The Ontario Disability Support Program*. ISAC: Toronto, ON.

6. POSITIVE OUTCOMES FOR STUDY PARTICIPANTS

6.1 Income Support Outcomes

With the right help, homeless disabled people can get the ODSP benefits they need and are entitled to.
As part of this research project, staff worked one on one with project participants to help them apply for ODSP benefits, addressing all of their related needs including accessing identification and health care. Providing individual assistance was overwhelmingly successful: 93% of participants accessed ODSP benefits with assistance from the project and 7% continue to wait for a decision on their appeals at the time of writing this report.

A pilot project in Ottawa helping disabled and marginalized people to access ODSP has also shown strong promise. The Ottawa pilot project is based at a drop-in centre for homeless people located where there are many homeless people and homeless services such as shelters and drop-ins. With funding from the City of Ottawa, a full-time staff person works with disabled individuals to navigate all aspects of the ODSP application process, including accessing identification and getting medical appointments and assessments. The project has had great success since it began. Between September 2005 (when it began) and March 2006, the project has helped 132 clients. 31 of these clients have already successfully gained access to ODSP through the support of the project[21].

Central to the success of both of these projects is an accessible and holistic approach to helping people secure the benefits they are entitled to. Accessibility involves helping people in accessible community spaces where applicants feel comfortable. It involves staffing by people who understand the issues homeless people face and can build trust and rapport with them. A holistic approach addresses all of an applicant's needs related to their ODSP application. This includes ongoing follow-up and support with ODSP applications and appeals, help securing identification and other documents, and support with accessing health care providers.

Ruth's Story*
When Ruth enrolled in the project, she was homeless and did not have stable health care. Through the project she was connected to a family doctor, who helped her to explore her health issues and to access specialists and medical tests. As a result of this process, Ruth found out that she suffers from post-traumatic stress disorder (PTSD), and that this might be linked to her skin condition and other physical symptoms. With this diagnosis, Ruth was able to successfully apply for ODSP benefits. She now has a modest apartment and is getting treatment for her health issues.

**Name and identifying information changed to protect participant confidentiality.*

[21] Personal communications and ODSP Application Support Worker project documents. May 2006. ODSP Application Support Worker, Centre 454, Ottawa.

6.2 Housing and Health Outcomes

Accessing ODSP benefits and getting holistic support from project staff led to many other positive outcomes for study participants. 100% of participants who secured ODSP benefits were able to get housing.

For example, one project participant who had been homeless for 15 years is now housed again because he gained access to ODSP benefits.

The help project staff provided in accessing health care also led to strong positive health outcomes for project participants. All of the 66% of participants who did not have family doctors when they were enrolled in the project were connected to stable health care providers. By accessing stable health care, participants were able to identify, diagnose and treat their disabling health conditions.

For example, one participant who had no doctor before coming to this project was able to access a doctor who worked with him to explore his health history. After many years of disability, he learned that he has a hyperthyroid condition. This serious condition is now being treated.

Another project participant had suffered with chronic headaches for 10 years before enrolling in the project. After first seeing a doctor and then a dentist for the first time in 10 years, he discovered that the headaches were caused by serious dental problems. He was able to get the teeth removed that were causing the headaches.

Many of the 34% of participants who already had regular health care access before coming to the project also improved their health. Many of these participants were only getting treated for immediate acute health problems before they enrolled in the project. Project staff worked with all participants and their health care providers to explore their medical histories in depth because a diagnosis of disabling conditions was required for their ODSP applications. These participants were able to identify and begin treatment for these chronic conditions and disabilities for the first time, leading to improved health and well-being.

For example, one participant who had a regular family doctor was physically healthy, but unable to keep a job. Deeper exploration and testing revealed that the participant had a severe developmental disability, with the cognitive ability of a 7-year-old.

Even if the barriers to the ODSP described earlier in this report are all addressed, the self-reliance model will continue to pose major barriers to accessing the ODSP for many people who cannot navigate the system on their own.

The success of this project, and the preliminary success of the Ottawa pilot project, in providing holistic accessible support indicates a strong and urgent need to create a program in Toronto to provide such support to homeless people and those at risk of homelessness (see Recommendation 9). Adopting similar programs in other Ontario communities may also help

increase access to ODSP benefits, and may prevent and decrease homelessness in those communities.

7. GAPS IN THE OVERALL DISABILITY SUPPORT SYSTEM

The ODSP is not the only disability support program that has failed many homeless people. The experiences of participants in this study suggest that all of the public disability benefits programs available in Ontario fail to provide adequate support to disabled people, in many cases, allowing them to become homeless.

As mentioned earlier in this report, more than three quarters (76%) of participants in this study had worked and been housed for a major portion of their lives. Most had worked in low-paying and precarious jobs such as contract and seasonal work. Workplace injuries had played a role in becoming disabled for 57% of participants. Most of these participants had histories of episodic disability, where they were able to work for periods of time, then had to stop working due to their disability, then returned to work. This cycle continued until a health crisis occurred which led to a more permanent and severe disability that left them unable to work. All participants had to rely on public income support programs because they did not have private disability insurance or enough savings or family support to survive. They used any savings or assets they had, and they moved into cheaper housing, but eventually they became homeless because they could not secure enough income through these public programs to keep their housing.

7.1 Failure of Employment Insurance (EI) Sickness Benefits

The Employment Insurance (EI) Sickness Benefit is a national short-term disability benefit available to people across Canada. EI Sickness Benefits are meant to provide immediate short-term income for workers who have to stop working for health reasons. They provide 55% of a person's income to a maximum of $413 a week, and can be collected for up to 15 weeks. To qualify, a person must have worked for at least 600 hours, usually within the last year. These hours must be registered with the EI system, and the worker's employer must have made EI deductions for the worker. EI Sickness Benefits are the only public short-term disability benefits available to workers who do not have a work-related disability. Yet the vast majority of participants who worked were not able to access EI Sickness Benefits when they experienced a disabling health crisis. Only 31% of participants with work histories ever received either regular EI benefits or EI Sickness benefits at any point in their lives. Study participants were unable to access EI because they did not work enough hours to qualify, or because their employer did not register with EI and make the appropriate deductions from their pay.

7.2 Failure of Workers Safety and Insurance Board (WSIB) Benefits

Workplace Safety and Insurance Board (WSIB) benefits, also known as worker's compensation, provide short- and long-term disability benefits for workers who have an injury or a disease related to their work. WSIB benefits can be collected until a person is able to go back to work, or can continue until retirement age if a person is unable to go back to work. To qualify, a person's job must be covered by WSIB. Workplace injuries played a role in becoming disabled for 57% of working participants, and 46% of participants who worked had received worker's compensation

benefits for workplace injuries at some point in the past. Apparently WSIB benefits were a form of short-term disability benefits that were accessible to some participants when they experienced workplace injuries. However, none of the study participants who had WSIB benefits were able to maintain ongoing benefits. Some participants lost these benefits because they could not provide the medical reports needed to keep their benefits. WSIB did not help to ensure that participants had another adequate source of income before cutting off their WSIB benefits.

7.3 Failure of Canada Pension Plan (CPP) Retirement and Disability Pensions

Canada Pension Plan Disability (CPPD) Pension is a long-term national disability program available to workers who paid into the Canada Pension Plan (CPP), and whose employers paid into CPP, while they were working. To qualify for CPPD a worker must have a severe and prolonged disability, and not be able to work. A worker must also have paid enough into CPP and have worked for at least four of the six years before they became disabled. The amount of a CPPD pension depends on how much a person paid into CPP when they were working.

Regular Canada Pension Plan (CPP) retirement benefits are calculated by dividing a worker's lifetime contributions by the number of years the individual was working. If a person stops working before retirement age because of a disability, she/he must successfully apply to CPPD before they reach age 65 to ensure that the years they were not working are not counted against their pension. If a person stops working and does not qualify for CPPD before age 65, the years they were not working will still be counted against their pension, leading to lower retirement benefits.

All participants had been disabled and unable to work for several years before enrolling in the study. No participants had qualified for CPPD when they joined the project. Most had never tried to apply because they did not know that CPPD benefits existed, and they did not know they had to apply in order to ensure a full CPP pension when they reached retirement age. Project staff made CPPD applications for all participants who had paid into CPP while they were working. However, most participants were not eligible. Although many may have been eligible for CPPD when they originally had to stop working, by the time they enrolled in the project their applications to CPPD had been too delayed to make them eligible. For example, many study participants had already turned 65, making it too late to apply. All 65 participants with work histories have paid into CPP, but it is estimated that only 20 will qualify for any CPP retirement pension.

7.4 Failure of Ontario Works (OW)

Ontario Works (OW) is the provincial welfare program available to residents of Ontario. To get OW, a single person must have no income and no assets worth more than $536. OW is meant to be for people who are thought to be able to work, but who are currently not working or collecting unemployment insurance. The basic benefit for a single person on OW is about $535 a month. All of the participants who could not access short- and long-term disability benefits when they became disabled had to turn to the only other public income support that was immediately available to them—welfare. OW benefits were so low that they did not provide enough money to enable them to keep their housing. All of these participants lost the housing

they had when they were working. Some gave up their housing while others were evicted. Some moved to cheaper, less adequate housing and attempted to get by on OW, but eventually all lost their housing and became absolutely homeless.

7.5 No Safety Net for People With Disabilities

Despite the existence of public short- and long-term disability support programs in Ontario, the disability benefits system is not a seamless safety net. It contains many large gaps that low-income workers in Ontario easily fall through. One in four workers in Ontario earn poverty wages. Approximately 1.2 million workers in Ontario make less than $10 per hour[22]. Workers earning low wages are less likely to have private disability benefits insurance through their jobs or to have substantial savings. Many Ontario residents have become homeless because of a disability, and many more may be one paycheque away from homelessness if they experience a disabling health crisis.

> There is a real and pressing need for a seamless public disability system across Ontario and Canada, which supports all people with disabilities from the moment they become disabled, through their adult lives and in retirement (see Recommendation 10). In the short-term, the absence of a seamless disability support system points to the need to raise Ontario Works rates to adequate levels immediately, so that low-wage workers in Ontario currently have access to some source of adequate income support at the moment they become unable to work (see Recommendation 11).

8. RECOMMENDATIONS

Recommendations 1 through 9 apply to the ODSP system specifically. Recommendations 10 and 11 apply to the overall public disability support and Ontario welfare systems.

Recommendation 1: That the Ontario Ministry of Community and Social Services increase accessibility to ODSP applications and the application process for homeless and vulnerable people in the following ways:

- By making ODSP workers available *in person* on the telephone and in local ODSP offices when an applicant *first inquires* about an ODSP application
- By providing ODSP workers in accessible spaces that homeless people can access across Toronto, such as drop-ins, shelters, and other community agencies and community centres on a regular basis (e.g. once a week)
- By creating standards of practice and providing appropriate training that ensure that ODSP workers are proactive in explaining the ODSP application process clearly to potential applicants.

[22] Canadian Centre for Policy Alternatives (CCPA). 2006. Citing Statistics Canada. In *Ontario Alternative Budget 2006: We Can't Afford Poverty*. CCPA: Ottawa, ON.

Recommendation 2: That the Ontario Ministry of Community and Social Services eliminate barriers to proof of identity and income that prevent and delay homeless people's ODSP applications by:

- Using identification and financial documents already on file at OW for current OW recipients
- Accepting expired identification documents to prove identity
- Using existing identification to verify other ID/ proof of income requirements (e.g. if an applicant can provide a Social Insurance Number (SIN), ODSP workers could verify citizenship and income using the SIN card).

Recommendation 3: That the Ontario Ministry of Community and Social Services reduce homeless people's barriers to getting ODSP medical forms filled out accurately by:

- Revisiting and expanding the definition of an approved health care provider (with "prescribed qualifications") who can fill out the ODSP medical forms to include other providers who may know applicants' health histories well (e.g. registered nurses, non-registered qualified social workers, naturopaths, etc.)
- Providing an information sheet with all ODSP application packages that includes a list of the names and contact information for local community health centres and the local office of the College of Physicians, who will provide a list of doctors currently taking patients.

Recommendation 4: That the Ontario Ministry of Community and Social Services work with health care providers to develop more effective ODSP medical forms so that people's disabilities are reported accurately by:

- Changing the language of the ODSP medical forms so that they are easy to understand and providing clear instructions to health care providers on how to fill out forms
- Encouraging health care providers to describe all of an applicant's relevant medical conditions and issues and providing space for narrative descriptions of these issues throughout the forms
- Adding a direct request for information about an applicant's ability to sustain employment without substantial restriction to the forms (e.g., include a question about whether an applicant has been unable to sustain work primarily due to health reasons, and for what period of time).

Recommendation 5: That the Ontario Ministry of Community and Social Services eliminate the 90-day time limit for submitting completed ODSP applications (from the time application packages are received).

Recommendation 6: That the Ontario Ministry of Community and Social Services increase the quality of service and coordination of the ODSP administrative and decision-making process by:

- Assigning a specific ODSP worker to each application file once it is submitted, and ensuring that this worker has copies of all forms and attachments to the application
- Ensuring that ODSP workers assigned to application files are accessible to applicants who want to inquire on the status of their application
- Ensuring that ODSP workers assigned to application files are proactive in notifying applicants of any additional information needed for their application.

Recommendation 7: That the Ontario Ministry of Community and Social Services increase the quality of service, coordination and efficiency of the ODSP administrative and decision-making process by:

- Reducing the number of steps and decision-makers involved, and establishing a 3-month time limit within which applications will be processed and benefits paid to the applicant (a 3-month limit is the standard used by the private long-term disability insurance for provincial employees).

Recommendation 8: That the *Disability Adjudication Unit* adjudicators who decide on applicants' eligibility for the ODSP accept the diagnoses and descriptions of qualified health care providers without requiring unnecessary additional specialist opinions and medical test results to determine eligibility.

Recommendation 9: That the Ontario Ministry of Community and Social Services and the City of Toronto department of Shelter, Housing and Support provide funding for a 2-year *Income Support Worker* pilot project, where 2 Income Support Workers receive funding to work out of accessible community sites to outreach to and work with disabled homeless people in familiar places to access and maintain ODSP benefits, and to address their related income, housing and legal needs.

Recommendation 10: That the appropriate departments and ministries at the Federal and Provincial levels collaborate to review the existing short- and long-term disability benefits available to low-income people and establish a seamless disability support system across Canada that provides disabled people with a sufficient income from the moment they have a health crisis, throughout their adult life and into retirement age.

Recommendation 11: That the Ministry of Community and Social Services raise Ontario Works rates by 40% to ensure that low-income working people in Ontario can receive adequate income support immediately when they have a health crisis, and do not become homeless while trying to secure long-term disability benefits.

9. CONCLUSIONS

Significant barriers and gaps in the existing systems need to be addressed.
The experiences of homeless participants with disabilities in this study highlight the huge gaps and barriers that currently exist in the ODSP specifically and the public disability support system as a whole. There is an urgent need to address these barriers and gaps. If nothing is done, homelessness will continue to increase as people with disabilities live in extreme poverty and are forced to live, and possibly die, on the street.

Few resources would be needed for the Ministry of Community and Social Services to immediately implement the administrative changes to the ODSP recommended in this report. Implementing Recommendations 1 through 8 would be an important first step to ensuring that all Ontario residents who are homeless and have disabilities get the income support they are entitled to.

The establishment of a seamless disability support system across Canada would be a longer-term project and would involve collaboration and coordination among several departments and levels of government. However, it is imperative that governments begin to work together to address these major gaps. If not, people with disabilities will continue to fall through the cracks.

Implementing the ODSP-related recommendations in this report will lead to enormous benefits for homeless and marginalized individuals.
Implementing Recommendations 1-9 in this report will substantially increase access to ODSP. Increased access to ODSP benefits will provide a more adequate income for homeless people with disabilities. Income from the ODSP will allow disabled homeless people to secure and maintain some form of stable housing. A more adequate income and stable housing will lead to improved health and well-being, as well as access to more stable and better health care.

The shelter system, health care system and society as a whole will also benefit.
Increased access to the ODSP for disabled homeless people will decrease homelessness. There will be fewer homeless people living on the streets and in the shelters of Toronto. The Toronto shelter system will save between $18,000 and $25,000 a year for each homeless person who secures housing. Fewer homeless people will also mean less strain on the shelter system. With access to housing and more stable health care, homeless people will have fewer occasions to use hospital emergency rooms and other hospital departments. This will lead to less strain on the health care system and reduce waiting times and overcrowding. It will also result in substantial financial savings to government and taxpayers. If 5000 long-term users of the shelter system in Toronto used hospital emergency rooms one less time per year, there would be a savings of over $2 million to the health care system[23]. If we better protect Ontario residents with disabilities from becoming homeless, we will be living up to the values that the majority of Canadians hold dear. Our disability support system will better reflect our identity as a just society that supports those who are vulnerable.

The solutions are feasible and cost-effective.
The recommendations made in this report to increase access to ODSP benefits for homeless people are not difficult or costly to implement. Recommendations 1-8 do not call for changes to the law. They simply involve adjustments to administrative guidelines and current practice within the ODSP system. Making these small adjustments would minimize many needless

[23] Based on a minimum cost of $400 per emergency room visit.

administrative barriers. These changes could be made at little or no cost to the ODSP and, in the long term, many could save money on program administration as they would lead to greater efficiency (e.g., by cutting down on the number of appeals for eligible applicants). Recommendation 9, which calls for a pilot program to assist disabled homeless people with accessing the ODSP, also involves no legislative changes. The costs associated with such a pilot program would be reasonable, estimated at $120,00 per year (totaling $240,000 for a 2-year pilot project). Some recommendations, such as improving the medical forms, will require collaboration between the Ministry of Social Services and other stakeholders, such as health care provider groups.

The Income Support Worker pilot project is needed immediately.
Homeless people with disabilities need help getting disability benefits immediately. Establishing a pilot project to provide accessible and holistic assistance to obtaining ODSP benefits (as outlined in Recommendation 9) would dramatically increase access in the short-term. Homeless people with disabilities continue to approach Street Health regularly needing help applying for ODSP support. The need is similar at community agencies throughout the Toronto area, is likely to be similar across communities in Ontario. The experience gained and lessons learned from an Income Support Worker pilot project could be used to implement a successful program across Toronto, and could be adapted to meet the needs of communities throughout Ontario.

A pilot project could be modelled quickly and easily using the experience of this project and the Ottawa pilot project in assisting homeless people with accessing ODSP benefits. If the modest resources needed to implement this project were made available, Income Support Workers could be hired to help homeless people with disabilities immediately. In the short term Income Support Workers would help homeless people navigate the barriers described in this report. In the long term these workers would provide assistance to those who will still need assistance after the barriers are addressed.

Where to find the report:
The summary and full report can be downloaded at: www.streethealth.ca.
For a paper copy please contact Street Health at: 416-921-8668 or info@streethealth.ca.